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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Kansas Republican Party PO Box 4157 ADDRESS (number and street) (Check if address is changed) Topeka 66604-0157 KS CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS shannon@Kansas.gop (Check if address is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.kansas.gop (Check if address is changed) DATE 2021 C00004606 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Reynolds, Cheryl, , , Type or Print Name of Treasurer Reynolds, Cheryl,,, [Electronically Filed] 05 06 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC <b>F</b> e	orm 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF (	COMMITTEE  ce Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.	)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		(Demogratio
(d) <b>x</b>	This committee is a STA (National, State or subordinate) committee of the REP	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC <b>Form 1</b> (Revised (	02/2009)	Page <b>3</b>
Write or Type Committee Name		
Kansas Republ	ican Partv	
<u>-</u>	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
		·
Team Estes		
Mailing Address	PO Box 30844	
-		
	Bethesda MD 20824-0844	
	CITY STATE ZI	P CODE
Relationship: Connected	d Organization Affiliated Committee X Joint Fundraising Representative Leade	ership PAC Sponso
<ol> <li>Custodian of Records: Ider books and records.</li> </ol>	tify by name, address (phone number optional) and position of the person in posse	ssion of committee
Wellman, I	≣mily, , ,	
Full Name	,935 Avenue X	
Mailing Address		
	Alden KS 67512-9322	2
Title or Position	CITY STATE ZI	P CODE
Custodian of Records		4 7011
3. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name Reynolds,	Cheryl, , ,	
of Treasurer		
Mailing Address	2120 NE 31st St	
	Topeka   KS   66617-3536	
Title or Decition	CITY STATE ZIE	CODE
Title or Position Treasurer	785 - 64	0  -  0866

	m 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Kuckleman, Mike, , ,	1 1 1 1 1 1
Mailing Address	10740 Nall Ave	
	Ste 250	
	Overland Park KS 66211-	
Title or Position  Designated Age	CITY STATE	ZIP CODE
Designated Age	ent Telephone number = 13	948   -   8612
Banks or Other safety deposit bo	r Depositories: List all banks or other depositories in which the committee deposits funds, hold oxes or maintains funds.	is accounts, rents
Banks or Other safety deposit be Name of Bank, I	oxes or maintains funds.	is accounts, rents
safety deposit bo	oxes or maintains funds.	as accounts, rents
safety deposit bo	oxes or maintains funds.  Depository, etc.  Fidelity State Bank  ,600 S Kansas	as accounts, rents
safety deposit be Name of Bank, I	oxes or maintains funds.  Depository, etc.  Fidelity State Bank  ,600 S Kansas	as accounts, rents
safety deposit be Name of Bank, I	oxes or maintains funds.  Depository, etc.  Fidelity State Bank  ,600 S Kansas	as accounts, rents
safety deposit be Name of Bank, I	Depository, etc.  Fidelity State Bank  600 S Kansas	ZIP CODE
safety deposit be Name of Bank, I	Depository, etc.  Fidelity State Bank  600 S Kansas  Topeka  CITY  STATE	
safety deposit be Name of Bank, I	Depository, etc.  Fidelity State Bank  600 S Kansas  Topeka  CITY  STATE	
safety deposit be Name of Bank, I	Depository, etc.  Fidelity State Bank  600 S Kansas  Topeka  CITY  STATE  Depository, etc.  Wells Fargo Bank  7901 Wisconsin Avenue	
Safety deposit be Name of Bank, I	Depository, etc.  Fidelity State Bank  600 S Kansas  Topeka  CITY  STATE  Depository, etc.  Wells Fargo Bank  7901 Wisconsin Avenue	
Safety deposit be Name of Bank, I	Depository, etc.  Fidelity State Bank  600 S Kansas  Topeka  CITY  STATE  Depository, etc.  Wells Fargo Bank  7901 Wisconsin Avenue	

## : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Amending to change Committee Treasurer and remove terminated affiliated committees

Form/Schedule: Transaction ID:

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_\_\_ **of** \_\_\_

TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma	l ▼	CITY   cs or other depositories in whith the control of the contro	STATE ▲ Telephone Number	ZIP CODE   ZIP CODE   ts funds, holds accounts, rents
TITLE OR POSITION  anks or Other Depositor afety deposit boxes or material deposit boxes or material depository, etc.	ories: List all bank aintains funds. Fargo Bank	CITY A	STATE ▲ Telephone Number	ZIP CODE A
TITLE OR POSITION  anks or Other Depositor defety deposit boxes or management of Bank, Wells	ories: List all bank aintains funds.	CITY A	STATE ▲ Telephone Number	ZIP CODE A
TITLE OR POSITION	l ▼	CITY A	STATE ▲ Telephone Number	ZIP CODE A
TITLE OR POSITION	I ▼	CITY A	STATE ▲ Telephone Number	ZIP CODE A
			STATE ▲	
Mailing Address				
Full Name				
	y by name, addre	Affiliated Committee	oint Fundraising Represent	ative Leadership PAC Sp
	г	CITY ▲	STATE ▲	ZIP CODE ▲
Relationship:	BEVERLY	CITY	MA MA	01915- 
		JINEET, ZND FLOOR	BAA	01015
Mailing Address		STREET, 2ND FLOOR		
	C/O RED CUR	RVE SOLUTIONS		
		<u> </u>		
TRUMP VICTOR		ffiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
4.			FEC ID number	C
0.			FEC ID number	C
3.			FEC ID number	C
1				

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(a)	or(h). <b>Joint Fundraising</b>	g Participant:		
<b>(9)</b>	1.	,	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4.			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 26141		
		Alexandria	VA VA	22313-
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
	T.			
		Te	lephone Number	
			lephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ies: List all banks or other depositories in which t		s funds, holds accounts, rents
9.	safety deposit boxes or ma	ies: List all banks or other depositories in which t		s funds, holds accounts, rents
9.	safety deposit boxes or ma	ies: List all banks or other depositories in which tintains funds.		s funds, holds accounts, rents
9.	Name of Bank, Pidelity Depository, etc.	ies: List all banks or other depositories in which tintains funds.		s funds, holds accounts, rents
9.	Name of Bank, Pidelity Depository, etc.	ies: List all banks or other depositories in which tintains funds.		s funds, holds accounts, rents

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1	ng Participant:	FEO ID .	C
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
TAKE BACK THE	E HOUSE 2022		
Mailing Address	PO Box 30844		
	Bethesda	MD	20824-0844
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, Chain	CITY ▲  Te  pries: List all banks or other depositories in which	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, Chain	CITY ▲  CITY ▲  Te  pries: List all banks or other depositories in which aintains funds.	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	CITY ▲  CITY ▲  Te  pries: List all banks or other depositories in which aintains funds.  Bridge Bank	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	CITY ▲  CITY ▲  Te  pries: List all banks or other depositories in which aintains funds.  Bridge Bank	elephone Number	

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraisin</b> g		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected (	Organization, Affiliated Committee, Joint Fundra	nicing Poprocentative	or Londorphin BAC Snon
anie of Any Connected (	Jigamzation, Annated Committee, John Funda	alsing nepresentative	
Mailing Address	1		
Mailing Address			
			1
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Organization Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
Connected	Organization Affiliated Committee Joint  by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
Connected esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name  Mailing Address	by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name	by name, address (phone number – optional)		
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail  ame of Bank, Bank O	by name, address (phone number – optional)  CITY   Te  ies: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail  ame of Bank, Bank O	by name, address (phone number – optional)  CITY   CITY   Te  ies: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mai ame of Bank, Bank O' epository, etc.	by name, address (phone number – optional)  CITY   CITY   Te  ies: List all banks or other depositories in which intains funds.  f America	STATE A	ZIP CODE A